

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J.B.</i>	<i>000052-8-00</i>	
O.I.P.E. CLASSIFIER		<i>18</i>	<i>8-10-00</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>10/16/05</i>	<i>9-18-00</i>	<i>10-25-05</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	3	26	3	24	8	Date
1	✓	✓	✓	✓	✓	✓	✓	10/31/05
2	✓	✓	✓	✓	✓	✓	✓	11/2/05
3	✓	✓	✓	✓	✓	✓	✓	11/2/05
4	✓	✓	✓	✓	✓	✓	✓	11/2/05
5	✓	✓	✓	✓	✓	✓	✓	11/2/05
6	✓	✓	✓	✓	✓	✓	✓	11/2/05
7	✓	✓	✓	✓	✓	✓	✓	11/2/05
8	✓	✓	✓	✓	✓	✓	✓	11/2/05
9	✓	✓	✓	✓	✓	✓	✓	11/2/05
10	✓	✓	✓	✓	✓	✓	✓	11/2/05
11	✓	✓	✓	✓	✓	✓	✓	11/2/05
12	✓	✓	✓	✓	✓	✓	✓	11/2/05
13	✓	✓	✓	✓	✓	✓	✓	11/2/05
14	✓	✓	✓	✓	✓	✓	✓	11/2/05
15	✓	✓	✓	✓	✓	✓	✓	11/2/05
16	✓	✓	✓	✓	✓	✓	✓	11/2/05
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If more than 150 claims or 10 actions
staple additional sheet here

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Claim	Final	Original	Date
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